

Wisconsin Department of Health Services

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>0014410</b>                | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>07/23/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>COULEE FAMILY HOMES LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>517 E SOUTH ST</b><br><b>VIROQUA, WI 54665</b> |                                                                                                                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                           | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ID<br>PREFIX<br>TAG                                                                        | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                           |
| M 000                                                              | INITIAL COMMENTS<br><br>On 07/23/2025, Surveyor conducted an abbreviated survey at Coulee Family Homes LLC.<br><br>One deficiency was identified.<br><br>Census: 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | M 000                                                                                      |                                                                                                                          |                                                                    |
| Z 022                                                              | 50.065(3)(b) COMPLETE BACKGROUND<br>CHECK PROCESS<br><br>Every 4 years or at any other time within that period that an entity considers appropriate, the entity shall request the information specified in sub. (2) (b) 1. to 5. for all caregivers of the entity.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure a complete caregiver background check (CBC) was conducted every 4 years for 1 of 1 caregiver employed more than 4 years.<br><br>Findings include:<br><br>A complete CBC consists of the following:<br><br>- A completed Background Information Disclosure (BID) form.<br>- A report of findings from the Department of | Z 022                                                                                      |                                                                                                                          |                                                                    |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Wisconsin Department of Health Services

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>COULEE FAMILY HOMES LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>517 E SOUTH ST</b><br><b>VIROQUA, WI 54665</b>                               |  |                                                                    |
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| Z 022                                                              | <p>Continued From page 1</p> <p>Justice (DOJ).<br/>- Government Findings Report (GFR) from the<br/>Department of Health Services (DHS).</p> <p>On 07/23/2025, Surveyor requested a staff roster<br/>with dates of hire.</p> <p>Caregiver A had a hire date of 03/15/2019. The<br/>record contained a background check at the time<br/>of hire in 2019. On 07/23/2025 at approximately<br/>12:00 PM, Licensee B stated s/he could not recall<br/>if a background check had been completed in<br/>2023 to meet the 4-year requirement for<br/>Caregiver A.</p> <p>On 07/23/2025 at 3:46 PM, Licensee B emailed<br/>Surveyor a background check for Caregiver A<br/>dated 07/23/2025, the date of survey.</p> | Z 022                                                                       |                                                                                                                          |  |                                                                    |